



2401 South 35th Street Rm 142
 Tacoma, WA 98409-7129
 (253) 798-6111
 (800) 992-2456 (outside local area, WA only)

Doc 4423-1 Filed 08/10/09 Entered 08/10/09 16:10:05 Desc
 Exhibits Page 1 of 4

2009 Tax Information
 CIRCUIT CITY #3736
 9950 MAYLAND DR
 RICHMOND VA 23233-1463

Printed: 3/2/2009 1200055784

Printed By: ARICHAR

Tax Property Description

Parcel Location: 3500 S MERIDIAN
 TAX AREA CODE: 090

VALUE INFORMATION FOR 2009 TAX

LAND: \$0
 IMPROVEMENTS: \$0
 TOTAL MARKET: \$511,880
 SENIOR FROZEN VALUE:
 QUALIFYING EXEMPTIONS:

TOTAL TAXABLE VALUE: \$511,880
 GENERAL LEVY RATE PER \$1000 OF VALUE: 10.1739
CALCULATED GENERAL TAX: \$5,207.83
 GENERAL PROPERTY TAX =
 TOTAL TAXABLE VALUE / 1000 * LEVY RATE

TAX REDUCTION: If your property is damaged or destroyed, you may be eligible for reduced assessed value for taxes payable in the year that the loss occurred.

For further information regarding possible tax reductions and exemptions, please call (253) 798-6111, or go to www.piercecountywa.org/atr.

GENERAL TAX DISTRIBUTION

THE 1% LIMIT HAS BEEN APPLIED

City	\$1,368.38
Conservation Futures	\$19.97
County Tax	\$533.61
Local School	\$2,156.55
Port	\$93.60
State of Washington	\$1,035.72

TOTAL GENERAL TAX DISTRIBUTION: \$5,207.83

\$2,488.85 OF THE GENERAL TAX WAS APPROVED BY VOTERS

2009 Taxes

GENERAL PROPERTY TAX	\$5,207.83
ASSESSMENTS / CHARGES	

2009 ORIGINAL TAX AMOUNT DUE: \$5,207.83

DELINQUENCY DUE SECTION

	TAXES	INT/PEN TO MAR 31	TOTAL
2009	\$0.00	\$0.00	\$0.00

Total Delinquencies Due: \$0.00

TOTAL AMOUNT BILLED FOR THE YEAR 2009: \$5,207.83



2009 SECOND HALF PAYMENT

PAY OR POSTMARK BY
 NOVEMBER 2, 2009

Parcel Number: 1200055784

TAX AREA CODE: 090

PARCEL LOCATION:

Enter Amount
 Enclosed



DELINQUENT PAYMENTS RECEIVED
 WITHOUT INTEREST AND PENALTIES WILL BE
 RETURNED. (253) 798-6111.

INTEREST DATE:
 3/2/2009

2009 2nd Half Tax Amount Due

\$2,603.92

Place stub this side up in envelope so address shows through window.

1200055784
 CIRCUIT CITY #3736
 9950 MAYLAND DR
 RICHMOND VA 23233-1463

Make Checks Payable To:

PIERCE COUNTY BUDGET & FINANCE
 P.O. BOX 11621
 TACOMA, WA 98411-6621

0 0000260392 1200055784 6



2009 FIRST HALF PAYMENT

PAY OR POSTMARK BY
 MARCH 31, 2009

Parcel Number: 1200055784

TAX AREA CODE: 090

PARCEL LOCATION:

Enter Amount
 Enclosed



DELINQUENT PAYMENTS RECEIVED
 WITHOUT INTEREST AND PENALTIES WILL BE
 RETURNED. (253) 798-6111.

INTEREST DATE:
 3/2/2009

Please pay one of the amounts below:

Prior Years Plus 2009 Half Amount	
2009 Full Tax Amount	\$5,207.83
2009 Half Tax Amount	\$2,603.91

Place stub this side up in envelope so address shows through window.

1200055784
 CIRCUIT CITY #3736
 9950 MAYLAND DR
 RICHMOND VA 23233-1463

Make Checks Payable To:

PIERCE COUNTY BUDGET & FINANCE
 P.O. BOX 11621
 TACOMA, WA 98411-6621

0 0000260391 1200055784 9

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA

Exhibit(s) Page 2 of 4

PROOF OF CLAIM

Debtor against which claim is asserted: (Check only one box below:) <input checked="" type="checkbox"/> Circuit City Stores, Inc. (Case No. 08-35653) <input type="checkbox"/> Circuit City Stores West Coast, Inc. (Case No. 08-35654) <input type="checkbox"/> InterTAN, Inc. (Case No. 08-35655) <input type="checkbox"/> Ventoux International, Inc. (Case No. 08-35656) <input type="checkbox"/> Circuit City Purchasing Company, LLC (Case No. 08-35657) <input type="checkbox"/> CC Aviation, LLC (Case No. 08-35658) <input type="checkbox"/> CC Distribution Company of Virginia, Inc. (Case No. 08-35659) <input type="checkbox"/> Circuit City Stores PR, LLC (Case No. 08-35660) <input type="checkbox"/> Circuit City Properties, LLC (Case No. 08-35661) <input type="checkbox"/> Orbyx Electronics, LLC (Case No. 08-35662) <input type="checkbox"/> Kinzer Technology, LLC (Case No. 08-35663) <input type="checkbox"/> Courchevel, LLC (Case No. 08-35664) <input type="checkbox"/> Abbott Advertising, Inc. (Case No. 08-35665) <input type="checkbox"/> Mayland MN, LLC (Case No. 08-35666) <input type="checkbox"/> Patapsco Designs, Inc. (Case No. 08-35667) <input type="checkbox"/> Sky Venture Corporation (Case No. 08-35668) <input type="checkbox"/> XSSstuff, LLC (Case No. 08-35669) <input type="checkbox"/> PRAHS, INC. (Case No. 08-35670)		NOTE: This form should not be used to make a claim for administrative expenses arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).	
Name of Creditor (the person or other entity to whom the debtor owes money or property): PIERCE COUNTY BUDGET & FINANCE		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent: PIERCE COUNTY BUDGET & FINANCE PO BOX 11621 TACOMA WA 98411-6621		NameID: 4585923 PackID: 265402	Court Claim Number: _____ <i>(If known)</i> Filed on: _____
Name and address where payment should be sent (if different from above): <div style="font-size: 48pt; text-align: center;">COPY</div>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: <u>\$ 5207.83</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier — 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
2. Basis for Claim: <u>Property Tax</u> (See instruction #2 on reverse side.)		3. Last four digits of any number by which creditor identifies debtor: <u>120065789</u>	
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: _____ Value of Property: <u>\$ 511880</u> Annual Interest Rate: <u>12%</u> <u>Personal Property</u> Amount of arrearage and other charges as of time case filed included in secured claim, if any: <u>\$</u> Basis for perfection: <u>Statutory Lien</u> Amount of Secured Claim: <u>\$ 5207.83</u> Amount Unsecured: <u>\$ 86084.60</u> <u>1020</u>	
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		Amount entitled to priority: <u>\$</u> *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to consumer debts on or after the date of adjustment.	
Date: <u>3-2-09</u> Signature: the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>Allen K</u> <u>Allen Richardson Field Agent</u>		FOR COURT USE ONLY MAR 06 2009 KURTZMAN CARSON CONSULTANT	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



0835653081208144823030275



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 Tacoma, WA 98409-7499
 (253)798-6111
 (800)992-2456 (outside local area, WA only)

Doc 4423-1 Filed 08/10/09 Entered 08/10/09 16:10:05 Desc
 Exhibit(s) Page 3 of 4

2009 Tax Information
 CIRCUIT CITY STORES INC #3321
 PO BOX 42304
 RICHMOND VA 23242-2304
 Printed By: ARICHAR

Printed: 3/2/2009 2097003410

Tax Property Description		GENERAL TAX DISTRIBUTION																																																																													
Parcel Location: 4124 TACOMA MALL BLVD		THE 1% LIMIT HAS BEEN APPLIED																																																																													
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2009 SECOND HALF PAYMENT

PAY OR POSTMARK BY
NOVEMBER 2, 2009

Parcel Number: 2097003410

TAX AREA CODE: 005	Enter Amount	▶ \$
PARCEL LOCATION:	Enclosed	
DELINQUENT PAYMENTS RECEIVED WITHOUT INTEREST AND PENALTIES WILL BE RETURNED. (253) 798-6111.	INTEREST DATE: 3/2/2009	
2009 2nd Half Tax Amount Due		\$607.54

Place stub this side up in envelope so address shows through window.

2097003410

CIRCUIT CITY STORES INC #3321
 TAX DEPT /JAMES E KING
 PO BOX 42304
 RICHMOND VA 23242-2304

Make Checks Payable To:

PIERCE COUNTY BUDGET & FINANCE
 P.O. BOX 11621
 TACOMA, WA 98411-6621

0 0000060754 2097003410 0



2009 FIRST HALF PAYMENT

PAY OR POSTMARK BY
MARCH 31, 2009

Parcel Number: 2097003410

TAX AREA CODE: 005	Enter Amount	▶ \$
PARCEL LOCATION:	Enclosed	
DELINQUENT PAYMENTS RECEIVED WITHOUT INTEREST AND PENALTIES WILL BE RETURNED. (253) 798-6111.	INTEREST DATE: 3/2/2009	
Please pay one of the amounts below:		
Prior Years Plus 2009 Half Amount		
2009 Full Tax Amount		\$1,215.07
2009 Half Tax Amount		\$607.53

Place stub this side up in envelope so address shows through window.

Make Checks Payable To:

PIERCE COUNTY BUDGET & FINANCE
 P.O. BOX 11621
 TACOMA, WA 98411-6621

2097003410

CIRCUIT CITY STORES INC #3321
 TAX DEPT /JAMES E KING
 PO BOX 42304
 RICHMOND VA 23242-2304

0 0000060753 2097003410 3

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA

Exhibit(s) Page 4 of 4

PROOF OF CLAIM

Debtor against which claim is asserted: (Check only one box below:)

- ☒ Circuit City Stores, Inc. (Case No. 08-35653) ☐ CC Distribution Company of Virginia, Inc. (Case No. 08-35659) ☐ Abbott Advertising, Inc. (Case No. 08-35665)
- ☐ Circuit City Stores West Coast, Inc. (Case No. 08-35654) ☐ Circuit City Stores PR, LLC (Case No. 08-35660) ☐ Mayland MN, LLC (Case No. 08-35666)
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- ☐ CC Aviation, LLC (Case No. 08-35658) ☐ Courchevel, LLC (Case No. 08-35664) ☐ PRAHS, INC. (Case No. 08-35670)

NOTE: This form should not be used to make a claim for administrative expenses arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).

Name of Creditor (the person or other entity to whom the debtor owes money or property):

PIERCE COUNTY BUDGET & FINANCE

☐ Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

NameID: 4585923

PackID: 265402

Court Claim Number: _____
(If known)PIERCE COUNTY BUDGET & FINANCE
PO BOX 11621
TACOMA WA 98411-6621

Telephone number: 253-798-7458

Filed on: _____

Name and address where payment should be sent (if different from above):

COPY

Telephone number: _____

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed:

\$ 1215.07

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim:

Property Tax

3. Last four digits of any number by which creditor identifies debtor:

2097003410

3a. Debtor may have scheduled account as:

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☒ Other

Describe:

Value of Property: \$ 104562 Annual Interest Rate 12%

Personal Property

Amount of arrearage and other charges as of time case filed included in secured claim,

If any: \$

Basis for perfection: Statutory Lien

Amount of Secured Claim: \$ 1215.07

Amount Unsecured: \$ REW 84,60.010 + 1020

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- ☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier — 11 U.S.C. § 507(a)(4).
- ☐ Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5).
- ☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().

Amount entitled to priority:

\$

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to the amount of the claim or after the date of filing of the claim.

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:

3-2-09

Signature: the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Allen L. Allen Richardson Field Agent

FOR COURT USE ONLY

MAR 06 2009

KURTZMAN CARSON CONSULTANTS

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



0835653081208144823030275